



The Trained Nurses Association of India
Estd: 1908



Application for Accidental Death Insurance Disbursement

To be filled only by the nominee of the Insured TNAI member. In case the nominee is minor, an appointee shall fill the application form on behalf of the Nominee.

- (1) Name of the TNAI member:
- (2) Complete address with Pincode :
- (3) TNAI Number of the deceased:
- (4) Day, Date, and time of accident:
- (5) Place of occurrence:
- (6) Nature of accident:
- (7) Date of death:
- (8) Cause of death:

Details of the nominee of the insured member:

1. Name of the nominee:
2. Age of nominee:
3. In case the nominee is a minor, name of the appointee:
(The appointee shall be the parents or the nearest next of kin)
4. Relationship of the nominee with the deceased:
5. Contact mobile number of Nominee or appointee:
6. Contact email address of the nominee/appointee:
7. Complete address of nominee with Pincode:

Declaration:

I am authorised nominee/ appointee of the nominee for the insured TNAI member. There are no objections for the family members to disburse the insurance amount to the nominees bank account

Date:

(Signature of the nominee/appointee)

Appointee will sign, only if the nominee is minor

Required Documents to be submitted:

- Duly filled up claim form (will be available from TNAI Headquarters)
- Death Certificate
- Post mortem report
- FIR copy attested by the head of the concerned Police Station
- Original Summary of death from the Police Department attested by the head of the office
- A No Objection Certificate (NOC) from the nearest family members must be submitted if an appointee is communicating with TNAI for the insurance claim process on behalf of a minor.

Please note - the final decision regarding the approval and amount of the claim lies with TNAI's Management Policy.